



# ELECTRONIC COURSE DELIVERY-PROVIDER APPLICATION

DEPARTMENT OF PUBLIC INSTRUCTION

OFFICE OF ACADEMIC SUPPORT

SFN 59052 (rev. 06/2015)

RETURN TO:

Department of Public Instruction

Office of Academic Support

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North Dakota Century Code 15.1-21-15 identifies the requirements of offering courses electronically between North Dakota schools and electronic providers. Please note, this process does not pertain to courses provided electronically between approved schools in North Dakota (i.e., in-state IVN courses). **Any entity seeking approval as an electronic course provider must complete this application.**

## I. General Information

Provider Name		School Year	
Mailing Address		City	State ZIP Code
Telephone Number	Fax Number	Website Address	
Name of Contact Person		E-Mail Address	

## II. Provider Accreditation Information

Please provide documentation of accreditation status. If necessary, additional pages, attachments, or alternative formatting of this document may be submitted.

Check the accreditation process below that the provider has completed: *Select all that apply.*

- ☐ AdvancED (i.e., NCA/CASI)
- ☐ Commission on International and Transregional Accreditation (CITA)
- ☐ State Department of Education (identify which state) \_\_\_\_\_

## III. Course Information

Please complete the information below for each course that will be made available to North Dakota schools. If necessary, additional pages, attachments, or alternative formatting of this document may be submitted.

### A. Course Title and Description

Please provide the title and description of each course provided. If available, provide an electronic link where this information may be accessed.

### B. Course Credit

Provide the amount of credit given for each course using the options below or provide an electronic link where the information may be accessed.

- ☐ ¼ credit ☐ ½ credit ☐ 1 credit Electronic Link:

### C. Standards Based Curriculum

Is the curriculum aligned with the North Dakota Content and Performance Standards?

☐ Yes ☐ No

If no, briefly explain the process used to determine that the course content is sufficiently challenging for students.

## IV. Instructor Qualifications and Methods

### A. Instructor

Provide a copy of each instructor's teaching license. Each license must include the instructor's name, teaching license number, expiration date, state in which the teaching license was issued, and evidence that the instructor meets or exceeds the qualifications and licensure requirements placed on the teacher by the state in which the course originates.

*For instance, if the provider is based out of Iowa and the instructor lives in Wisconsin, the instructor would need to be licensed and highly qualified according to Iowa regulations.*

### B. Course Delivery Model(s) and Student Contact

What methods of student contact are utilized for available courses?

Method	Required Frequency				
<input type="checkbox"/> Interactive Videoconferencing	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Infrequently	<input type="checkbox"/> Not Utilized
<input type="checkbox"/> Email	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Infrequently	<input type="checkbox"/> Not Utilized
<input type="checkbox"/> Face-to-Face meetings	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Infrequently	<input type="checkbox"/> Not Utilized
<input type="checkbox"/> Video	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Infrequently	<input type="checkbox"/> Not Utilized
<input type="checkbox"/> Chat Rooms	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Infrequently	<input type="checkbox"/> Not Utilized
<input type="checkbox"/> Telephone	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Infrequently	<input type="checkbox"/> Not Utilized
<input type="checkbox"/> Postal Mail	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Infrequently	<input type="checkbox"/> Not Utilized
<input type="checkbox"/> Instant Messaging	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Infrequently	<input type="checkbox"/> Not Utilized
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Infrequently	<input type="checkbox"/> Not Utilized

### C. Student Evaluation

How are student grades determined for this course? *Check all that apply.*

- |  |   |
|--|---|
| <input type="checkbox"/> Grading Scale | <input type="checkbox"/> Mastery of Content Standards |
| <input type="checkbox"/> Rubrics       | <input type="checkbox"/> Other (please explain) _____ |

## V. Assurances and Signature

By checking each item, the electronic course delivery provider agrees to comply with the following assurances:

- ☐ The provider will respect the confidentiality of students in the program and share information on the student only with appropriate school personnel and parents.
- ☐ The provider will collaborate with the local school to assure the instructional program is helping in the mastery of high academic content standards.
- ☐ The provider will provide copies of background checks of all employees providing instruction to school districts, if requested.

Contact Person Signature	Title	Date
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### For Department Use Only

*This Electronic Course Delivery–Provider Application has been approved by the North Dakota Department of Public Instruction.*

Office of Academic Support Signature	Date
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